

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

0.93

DUE
DATES

2

2341

Yes

Wisler, Jeannie

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 56 Yellowstone 0965 Billings Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 2 1014 No Lucero, Elaine 0.60 2 Butler, Steven 2324 No 0.95 2 2325 No Canton, Diane 2.15 2 2327 Fike, Wendy No 0.40 2 2328 Fleming, Pam No 1.00 2 2329 No Gar, Lana 0.25 2 Grygiel, Laurie A 2330 Yes 0.83 2 2331 Goich, Stacey 1.70 No 2 2332 Johnson, Shane No 0.85 2 2333 No Jung, Amy 1.35 2 2335 No Morris, Beth 1.05 2 Ness, Dawn 2336 No 3.10 2 2337 No Olson, Rhonda 0.70 2 2338 No Rapacz, Kristin 1.35 2 2339 No Temme, Lowell H 1.05

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DUE
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First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

I his claim is for the period beginning			, 20 and ending		
		month	day	month	day
_	CEDETELCATION				

CERTIFICATION:

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Signature, Chair, Board of Trustees			
District:	District Level:		

56 Yellowstone		1e	0968 Blue Creek Elem	Elementary	
District #		Shared	Family's Name	Daily Rate	# of Days Transported
3	1908	No	Anderson, Susan	0.25	Transported
3	1909	No	Becker, James	1.75	
3	1910	No	Becker, Patricia	2.25	
3	1911	No	Blain, Vicki	0.75	
3	1912	No	Clark, Leslie	1.00	
3	1913	No	Egan, Shawn	0.90	
3	1914	No	Gardner, Greta	0.50	
3	1915	No	Gillespie, Terri	1.40	
3	1916	No	Greenwood, Jennifer	1.30	
3	1917	No	Hegg, Robert	0.25	
3	1918	No	Henneberry, Michelle	0.25	
3	1919	No	Hobza, Kathy	0.75	
3	1920	No	Kemmick, Pamela	0.30	
3	1921	No	Kennedy, Cindy	1.90	
3	1922	No	Krebill, Karen	1.85	
3	1923	No	Lowe, Roberta & Loretta	0.75	
3	1924	No	Malcomson, Laura	0.25	
3	1925	No	McNeil, Juli	1.05	
3	1926	No	Megorden, Rhonda L	1.00	
3	1927	No	Roberts, Kelli M	1.60	
3	1928	No	Sattler, Roma 0.65		
3	1929	No	Silsbee, Lisa A 0.50		
3	1930	No	Tennyson, Wynn D		
3	1931	No	White, Kim & Chris 0.35		
3	1932	No	Eshbaugh, Tammi 0.25		
3	2321	No	Pennington, Morya 1.75		
3	2350	No	Prom, Shirley	0.85	

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Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 56 Yellowstone 0975 Custer K-12 Schools **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 15 1903 No Keller, Stuart & Colleen 6.00

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